## City of Charleston Single Family Permit Application

Name and Address of Property Owner	<b>.</b>		
Contractor		Cel	l No
Office No Fax No		E-mail_	
	City Business License No		
Lot Block Parcel Ad	ldress (if kno	own)	
Subdivision	Phase	TMS	Zoning
Heated Square Feet 1st floor:	2 <sup>nd</sup> floo	or:	3 <sup>rd</sup> floor:
Unheated Square Feet (Includes gara	ges, porche	s, decks) _	
Actual setbacks: Front Rear	North/	East Side	South/West Side
Height of Dwelling: (m	neasured from	the curb to the	highest point of the finished roof
*Is this an Affordable Housing Project? stating that the construction meets the Affordable			
REVIEW REQUIRES THE FOLLOWING PLANS WITH	I THIS APPLICA	TION:	
1. THREE (3) SCALED SITE PLANS should be professional (i.e. surveyor or engineer; inclination include:  -Front, rear and side setbacks from proper -Tree survey accurately showing the locat tree exist on the lot, the statement, "NO TR be on each site planPlans that do not protect grand trees purs -All water features (marshes, lakes, ponds, shown and identified.	ty line to building ion of all grand REES 24" D.B.H. C suant to Art. 3, P	gistration num g(s), all easeme trees (24"or grec R LARGER EXIST t. 6 of the Zoning	aber on the site plan) and must nts, north arrow. Iter D.B.H.). If no grand ON THE PROPERTY" must g Ordinance will be REJECTED
2. TWO (2) SETS SCALED ELEVATION PLANS in ELEVATION, OR STREET ELEVATION if there is no	•	•	•
3. <b>TWO (2) SETS FLOOR PLANS</b> of all buildings in	ndicating room	ns, garages, po	orches and decks.
NOTE: An Engineering permit and inspection by the Occupancy. Call 724-3782 for permit information and in:			orior to the issuance of a Certificate o
For customer service, please contact the Customer service, please contact the GIS 843-805-3230 Engineering 843-724-3782  I certify that the information on the application improvement(s) comply with private neighbor the subject property or the authorized representation of same.	tomer Service following: Zoning Inspect n and its attac	Coordinator a  843-72 ions 843-72 hments is corrents, if there are	4-3755 4-7433 ect, that the proposed any, and that I am the owner of
Applicant's Signature			_ Date

<sup>\*\*\*</sup>You must fill out the second section of this application for your submittal to be considered complete. The International Residential Code Correction Sheet (IRC) is required by the Building Inspections Division for plan review.\*\*\*

This address and TMS number are correct per Kittie Whiddon (GIS)
(Address Correction if Needed)

	Permit Number
RN	

## **International Residential Code Correction Sheet**

**************************************			
Contractor:			
Address of Project (if known):			
Number of: Stories Rooms Bathrooms Bedrooms Kitchens			
Type of Construction: Exterior of Building:			
Type of: Heat (electric or gas) Roof Covering			
Foundation (If slab, monolithic or raised: piers or continuous wall):			
Fireplace (prefab or site built, wood burning or gas):			
Are roof trusses being used? Is sewer available? (If not, DHEC septic tank approval must be submitted)			
Permit includes: Electrical ( ), Plumbing ( ), Mechanical ( ), Gas ( ), Separate permit to be obtained.			
Window Agreement: (Please sign and date)			
(Owner/Contractor/Agent) will install windows that meet the			
American Architectural Manufacturer's Association specification per section 612.3, IRC, 2012 for the			
following address			
Signature Date			
**************************************			
ITEMS NOTED BELOW SHALL BE CORRECTED IN THE FIELD			
( ) Submit under construction flood zone elevation certificate prior to rough-in inspections.			
<ul> <li>( ) Submit finished construction flood zone elevation certificate prior to final inspections.</li> <li>( ) Submit as-built v-zone and break away wall certifications prior to final inspections.</li> </ul>			
( ) 30511111 d3-50111 V-2011C d11d break dway wall conflictions prior to infarinspections.			
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Approved ByDate			
Approved ByDate			